

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 1 5

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902 (N) as amended by section
4714 (a) (1) (A) and (B) of P.L. 105.33

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (9987.90)

b. FFY 2000 \$ (23,313,61)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1 to Attachment 4.19-B, ppl, 2, 3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same (TN 99-11)

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to revise payment methods for Medicare Part A and Part B deductible/co-insurance for inpatient hospital services provided in small rural hospitals and hospital skilled nursing units, substance abuse clinic services, laboratory and x-ray services and professional services.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John L. Cline

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 27, 2000

16. RETURN TO:

State of Louisiana
Department of Health & Hospitals
1201 Capital Access Road
P O Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 27, 2000

18. DATE APPROVED:

June 6, 2000

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

February 1, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Sandra Hall

21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator

Division of Medicaid and State Operation

23. REMARKS:

Revision: HCFA-PM-91-4 (BPD)
- AUGUST 1991

Supplement 1 to ATTACHMENT 4.19-B
Page 1
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."
3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ___ of this attachment, for those groups and payments listed below and designated with the letters "NR".
4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ___ of this attachment (see 3. above).

TN No. 00-15

Supersedes

Approval Date 06-06-01

Effective Date 02-01-00

TN No. 99-11

HCFA ID: 7982E

| | |
|-------------------------------|---|
| STATE <u>Louisiana</u> | A |
| DATE REC'D <u>03-27-2000</u> | |
| DATE APPV'D <u>06-06-2001</u> | |
| DATE EFF. <u>02-01-2000</u> | |
| HCFA 179 <u>LA-00-15</u> | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

| | | | |
|------------------------------------|------------------------------|-----------------------|---|
| QMBs: | Part A <u>SP</u> Deductibles | <u>SP</u> Coinsurance | |
| | Part B <u>SP</u> Deductibles | <u>SP</u> Coinsurance | |
| Other Medicaid Beneficiaries | Part A <u>SP</u> Deductibles | <u>SP</u> Coinsurance | |
| | Part B <u>SP</u> Deductibles | <u>SP</u> Coinsurance | |
| Dual Eligible (QMB Plus) | Part A <u>SP</u> Deductibles | <u>SP</u> Coinsurance | |
| | Part B <u>SP</u> Deductibles | <u>SP</u> Coinsurance | |
| QMBs: | Part A <u>MR</u> Deductibles | <u>MR</u> Coinsurance | -Title XVIII only services, |
| | Part B <u>MR</u> Deductibles | <u>MR</u> Coinsurance | outpatient hospital services, Durable Medical Equipment (DME), Prescription Drugs Emergency Ambulance Services |
| Other Medicaid Beneficiaries | Part A <u>MR</u> Deductibles | <u>MR</u> Coinsurance | -outpatient hospital services, |
| | Part B <u>MR</u> Deductibles | <u>MR</u> Coinsurance | Durable Medical Equipment (DME), Prescription Drugs Emergency Ambulance Services |
| Dual Eligible (QMB Plus) | Part A <u>MR</u> Deductibles | <u>MR</u> Coinsurance | -Title XVIII only services, |
| | Part B <u>MR</u> Deductibles | <u>MR</u> Coinsurance | outpatient hospital services, Durable Medical Equipment (DME), Prescription Drugs Emergency Ambulance Services |

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Revision: HCFA-PM-91-4
August 1991

(BPD)

Supplement 1 to ATTACHMENT 4.19-B
Page 3
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-
OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

RESERVED

| | |
|------------------------------|---|
| STATE <u>Louisiana</u> | A |
| DATE REC'D <u>03-27-2000</u> | |
| DATE APP'D <u>06-06-2001</u> | |
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